

Exhibit 1

Begin forwarded message:

From: "Casavant, Aaron J CDR USCG CG ACADEMY (USA)" <Aaron.J.Casavant@uscg.mil>
Date: March 6, 2023 at 10:31:29 AM AKST
To: "Casavant, Aaron J CDR USCG CG ACADEMY (USA)" <Aaron.J.Casavant@uscg.mil>
Cc: "Ray, Arthur L CAPT USCG (USA)" <Arthur.L.Ray@uscg.mil>, "Janaro, Jeffrey G CDR USCG CG ACADEMY (USA)" <Jeff.G.Janaro@uscg.mil>, "Mattoon, Amanda S CIV USCG CG ACADEMY (USA)" <Amanda.S.Mattoon@uscg.mil>
Subject: Potential Readmission to the U.S. Coast Guard Academy

Good afternoon,

I am writing to summarize last week's conversation (or phone message) regarding potential readmission to the Coast Guard Academy (CGA) in light of the Coast Guard's rescission of the Covid-19 vaccine mandate. In addition to what I will cover in this email, I have also attached the latest version of the CGA Readmission Policy, which is the document that will guide CGA actions during your potential return to campus.

Should you desire to be readmitted to CGA, please submit a letter request in accordance with paragraph 11 of the attached SUPTINST. Note that you should submit the letter request to me via email (rather than the Director of Admissions). In the letter request, please indicate your preferred timeline for return to CGA (e.g., ASAP, at the conclusion of the spring semester, etc.). Please also describe any educational credits you have earned while separated from CGA to allow the Academics Division to analyze how best to re-enroll you in classes. In addition, please list any collegiate sports you have played while separated from CGA to allow the Athletics Division to accurately assess your NCAA eligibility.

To be clear, this email is not a guarantee that you will be re-admitted to CGA, but rather an invitation to re-apply and a notification that your previous refusal to take the Covid-19 vaccine no longer bars you from serving in the Coast Guard or completing the cadet training program. Your timeline for graduation will be presented to you based on the information you provide to CGA and your status at the time of your disenrollment.

I look forward to hearing from you.

v/r,

3/14/23, 1:51 PM

Mail - Daisy Chung - Outlook

CDR Aaron Casavant

Begin forwarded message:

From: "Casavant, Aaron J CDR USCG CG ACADEMY (USA)" <Aaron.J.Casavant@uscg.mil>
Date: March 6, 2023 at 14:31:24 EST
To: "Casavant, Aaron J CDR USCG CG ACADEMY (USA)" <Aaron.J.Casavant@uscg.mil>
Cc: "Ray, Arthur L CAPT USCG (USA)" <Arthur.L.Ray@uscg.mil>, "Janaro, Jeffrey G CDR USCG CG ACADEMY (USA)" <Jeff.G.Janaro@uscg.mil>, "Mattoon, Amanda S CIV USCG CG ACADEMY (USA)" <Amanda.S.Mattoon@uscg.mil>
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Should you desire to be readmitted to CGA, please submit a letter request in accordance with paragraph 11 of the attached SUPTINST. Note that you should submit the letter request to me via email (rather than the Director of Admissions). In the letter request, please indicate your preferred timeline for return to CGA (e.g., ASAP, at the conclusion of the spring semester, etc.). Please also describe any educational credits you have earned while separated from CGA to allow the Academics Division to analyze how best to re-enroll you in classes. In addition, please list any collegiate sports you have played while separated from CGA to allow the Athletics Division to accurately assess your NCAA eligibility.

To be clear, this email is not a guarantee that you will be re-admitted to CGA, but rather an invitation to re-apply and a notification that your previous refusal to take the Covid-19 vaccine no longer bars you from serving in the Coast Guard or completing the cadet training program. Your timeline for

3/14/23, 1:49 PM

Mail - Daisy Chung - Outlook

graduation will be presented to you based on the information you provide to CGA and your status at the time of your disenrollment.

I look forward to hearing from you.

v/r,

CDR Aaron Casavant

Exhibit 2

U.S. Department of
Homeland Security

United States
Coast Guard



Superintendent
United States Coast Guard
Academy

15 Mohegan Avenue
New London, CT 06320
Staff Symbol: (spl)
Phone: (860) 701-6874

SUPTINST 1531.1A
25 FEB 2023

SUPERINTENDENT INSTRUCTION 1531.1A

Subj: COAST GUARD ACADEMY READMISSION POLICY

Ref: (a) Accession (ACC-19) – Acknowledgment of Recoupment Law and Policy
(b) Obligated Service or Recoupment from Cadets Disenrolled from the Coast Guard Academy, SUPTINST 5340.3A
(c) Cadets: Requirements for Admission, 10 U.S.C. § 7446
(d) Medical Standards for Appointment, Enlistment, or Induction in the Military Services, DoDI 6130.03, Vol. 1
(e) Regulations for the Corps of Cadets, SUPTINST M5215.2O

1. PURPOSE. This instruction establishes policy and guidance for readmission to the Coast Guard Academy (CGA) after disenrollment, involuntary termination of a cadet appointment, or approved sabbatical.
2. ACTION. Former cadets desiring to be readmitted to CGA shall ensure eligibility in accordance with references (a) - (c) and follow the procedures outlined in this instruction. Internet release is authorized.
3. DIRECTIVES AFFECTED. None.
4. DISCUSSION. Readmission affords former cadets an additional opportunity to graduate and commission as officers in the U.S. Coast Guard. While readmission to CGA is not a guarantee that a cadet will graduate, it nevertheless allows CGA to benefit from the resources already invested in readmission applicants.
5. DISCLAIMER. This guidance is not a substitute for applicable legal requirements, nor is it itself a rule. It is intended to provide operational guidance for Coast Guard personnel and is not intended to nor does it impose legally binding requirements outside the Coast Guard.
6. ENVIRONMENTAL ASPECT AND IMPACT CONSIDERATIONS. Environmental considerations were examined in the development of this instruction and have been determined to be not applicable.
7. DISTRIBUTION. No paper distribution will be made of this instruction. An electronic version will be located on the CGA Portal website in the General Links section for Superintendent Instructions.

8. RECORDS MANAGEMENT CONSIDERATIONS. This instruction has been thoroughly reviewed during the directives clearance process, and it has been determined there are no further records scheduling requirements, in accordance with Federal Records Act, 44 U.S.C. 3101 et seq., NARA requirements, and information and Life Cycle Management Manual, COMDTINST M5212.12 (series). This policy does not have any significant or substantial change to existing records management requirements.
9. EQUITY CONSIDERATION. The development of this instruction and the policies contained within have been thoroughly reviewed by the originating office in conjunction with the Office of Inclusion and Diversity (OID). This instruction will not perpetuate implicit bias, stereotypes, or other forms of discrimination and will not intentionally or unintentionally create barriers or inequities that reinforce or result in equity gaps for members of the applicable community.
10. PROCEDURES. Candidates must be separated from CGA before submitting their readmission package and must be compliant with reference (c). Former cadets shall submit their readmission package to the Director of Admissions no later than three months (90 days) prior to the start of the semester of which they wish to re-enter CGA. The readmission package shall be submitted via two means: (1) PDF electronic document; and (2) hard copy as prescribed by the Director of Admissions. The readmission package shall be routed to the Superintendent along with the candidate's official Cadet Record. An example readmission package is provided in Enclosures (1) – (8).
 - a. The contents of the readmission package shall include:
 - (1) A written memorandum, not to exceed two pages, that articulates why the candidate should be afforded an additional opportunity to commission as an officer through the CGA. The candidate should discuss:
 - (a) Why they desire to be readmitted.
 - (b) The steps to be taken, if readmitted, to ensure they will serve as a Leader of Character and contribute to the Corps of Cadets.
 - (c) How they have improved or remediated any previously identified leader and/or character deficiencies that may have resulted in their disenrollment
 - (2) A letter of recommendation from the candidate's current Commanding Officer or Officer in Charge, if serving in the Coast Guard's enlisted workforce, or from the candidate's second line supervisor if a civilian, that details their performance, ability, behavior, leadership, judgment, and maturity.
 - (3) A letter of recommendation from the candidate's current immediate supervisor that details their performance, teamwork, initiative, and ability to earn all required qualifications for their assigned billet, if applicable.
 - (4) No more than two additional letters of recommendation from previous academic advisors, academic instructors, coaches, etc.
 - (5) Copies of all awards, CG-3307s, and qualifications earned (if applicable).

- (6) College transcripts (if applicable).
- (7) Results of a self-administered CGA Physical Fitness Exam (PFE) or a Coast Guard Basic Physical Fitness Test (PFT).
- (8) Weigh-in data verified through the candidate's assigned unit or civilian physician.
- (9) A physical exam to ensure compliance with reference (d). If the candidate is not serving in the enlisted workforce, they shall schedule an appointment with the Coast Guard Health, Safety and Work-Life Regional Practice New London (i.e., CGA Clinic).
- (10) Most recent Enlisted Evaluation Report (EER), if applicable.
- (11) Any other applicable information or documentation.

b. The following will disqualify a candidate for readmission:

- (1) Unsatisfactory conduct mark on an EER.
- (2) Any mark less than a four (4) on an EER.
- (3) The member was brought to a Non-Judicial Punishment (NJP) or court-martial proceeding and found guilty of violations of the Uniform Code of Military Justice (UCMJ) or Coast Guard Commandant policy.
- (4) Any arrest or pending legal proceedings.
- (5) Failure to meet Coast Guard weight standards.
- (6) A failure on either the CGA PFE or Coast Guard PFT.
- (7) Substantiated or otherwise validated Civil Rights or AHHI report.

c. Former 1/c cadets that are readmitted but have otherwise fulfilled their academic obligations may be required to complete academic courses at the direction of the Provost.

11. PROCEDURES (RETURN FROM SABBATICAL). Cadets returning from sabbatical must be compliant with reference (c). The readmission package shall be submitted via two means: (1) PDF electronic document; and (2) hard copy as prescribed by the Director of Admissions. The readmission package shall be routed to the Superintendent in conjunction with the candidate's official Cadet Record. The readmission package shall include a written memorandum, not to exceed two pages, that articulates the reason for the cadet's return.
12. READMISSION PANEL. For cadets who have been disenrolled or had their cadet appointments involuntarily terminated in accordance with reference (e), the Commandant of Cadets will convene the Coast Guard Academy Readmission Panel (CGARP). The CGARP is intended to review requests for readmission and provide the Superintendent with the opportunity to make a well-informed readmission decision.

SUPTINST 1531.1A

- a. The CGARP shall be chaired by the Assistant Superintendent with the following required participants: (1) Commandant of Cadets; (2) Director of Athletics; (3) Provost; (4) Director of Admissions; (5) Command Master Chief; (6) the Chief Diversity Officer; and if needed (7) the Senior Medical Officer.
- b. The Commandant of Cadets Division will deliver a copy of the former cadet's readmission package to each participant prior to the CGARP convening.
- c. After decision, the CGARP shall make a recommendation on readmission to the Superintendent. Decisions will be made by simple majority with dissenting opinions included in writing for the Superintendent's consideration.

13. FORMS/REPORTS. NONE.

/WILLIAM G. KELLY/
Rear Admiral, U.S. Coast Guard
Superintendent

Encl: (1) Sample Readmission Package: Readmission Memorandum
(2) Sample Readmission Package: Supervisor Memorandum
(3) Sample Readmission Package: CO Memorandum
(4) Sample Readmission Package: Official Transcript
(5) Sample Readmission Package: PFE Scoresheet
(6) Sample Readmission Package: Record of Weigh-In
(7) Sample Readmission Package: DD Form 2808
(8) Sample Readmission Package: Report of Medical History
(9) Readmission Checklist

U.S. Department of
Homeland Security

United States
Coast Guard



Commanding Officer
U. S. Coast Guard Station XX

Unit Street Address
Mail Stop XXXX
City, State Zip Code
Phone: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX
Email: officialemail@uscg.mil

1531
DD Mmm YYYY

MEMORANDUM

From: First Name MI. Last Name, Rank
Former Cadet

To: CG ACADEMY (s)

Subj: LETTER REQUESTING READMISSION

1. I respectfully request to be readmitted to the U.S. Coast Guard Academy for the upcoming Spring Semester.
2. Describe why you desire to be readmitted.
3. The steps you plan to take, if readmitted, to ensure you will serve as a Leader of Character and contribute to the Corps of Cadets.
4. If applicable, describe how you have improved and remediated any deficiencies that may have led to your disenrollment.
5. Thank you for your time and consideration with this matter.

#

Enclosure (1)

**U.S. Department of
Homeland Security**

**United States
Coast Guard**



Commanding Officer
U. S. Coast Guard Station XX

Unit Street Address
Mail Stop XXXX
City, State Zip Code
Phone: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX
Email: officialemail@uscg.mil

1531
DD Mmm YYYY

MEMORANDUM

From: First Name MI. Last Name, Rank
Former Cadet Supervisor

To: CG ACADEMY (s)

Subj: LETTER OF RECOMMENDATION

1. I recommend XX to be readmitted to the U.S. Coast Guard Academy.
2. The former cadet's immediate supervisor will write about former cadet XX's performance, ability, behavior, leadership, judgement, and maturity.
3. Thank you for your time and consideration with this matter.

#

Enclosure (2)

**U.S. Department of
Homeland Security**

**United States
Coast Guard**



Commanding Officer
U. S. Coast Guard Station XX

Unit Street Address
Mail Stop XXXX
City, State Zip Code
Phone: (XXX) XXX-XXXX
Fax: (XXX) XXX-XXXX
Email: officialemail@uscg.mil

1531
DD Mmm YYYY

MEMORANDUM

From: First Name MI. Last Name, Rank
Former Cadet Commanding Officer

To: CG ACADEMY (s)

Subj: LETTER OF RECOMMENDATION

1. I recommend XX to be readmitted to the U.S. Coast Guard Academy.
2. The Commanding Officer/Officer in Charge will write about former cadet XX's performance, ability, behavior, leadership, judgement, and maturity.
3. Thank you for your time and consideration with this matter.

#

Enclosure (3)

		Sex DOB SSN Entry Date Exit Date Graduation
Phone: (907) xxx-xxxx	Parent/ Guardian	

ACADEMIC HISTORY									
DATE	GL	TITLE	MARK	CREDIT	DATE	GL	TITLE	MARK	CREDIT
ELECTIVE					SOCIAL STUDIES				
03/20/04	09	Elective Intensive		0.250	12/20/03	09	AK Studies		0.500
03/20/05	10	Elective Intensive		0.000	12/20/04	10	US Government		0.250
05/30/05	10	Intro to Programming		0.500	03/20/05	10	Global Issues		0.250
LANGUAGE ARTS					10/30/05	11	US Government		0.500
10/30/03	09	CE - Math		0.250	12/20/05	11	US History		0.500
10/30/03	09	Readers Workshop		0.500	VOCATIONAL				
12/20/03	09	Content English - Sci		0.250	12/20/05	11	Work Experience		0.750
03/20/04	09	Content English - Math		0.250	AK HSGQE READING				
03/20/04	09	Writers Workshop		0.250	04/05/05	10	Reading		
05/30/04	09	Holocaust Literature		0.500	Performance Level:				
05/30/04	09	Revision		0.250	AK HSGQE WRITING				
10/30/04	10	Writers Workshop		0.500	04/06/05	10	Writing		
12/20/04	10	Content English - Sci		0.250	Performance Level:				
03/20/05	10	Survival Stories		0.250	AK HSGQE MATH				
12/20/05	11	Content English - SS		0.250	04/07/05	10	Math		
MATH					Performance Level:				
10/30/03	09	Algebra Prep		0.500					
03/20/04	09	Algebra 1		0.500					
05/30/04	09	Algebra 1		0.250					
10/30/04	10	Algebra 1		0.250					
PHYSICAL EDUCATION									
05/30/04	09	Independent PE		0.750					
05/30/05	10	Health		0.500					
SCHOOL & COMMUNITY RELATIONS									
10/30/03	09	Orientation		0.250					
12/20/03	09	Crew		0.500					
05/30/04	09	Crew		0.250					
10/30/04	10	Orientation		0.000					
12/20/04	10	Crew		0.250					
05/30/05	10	Crew		0.250					
10/30/05	11	Orientation		0.000					
12/20/05	11	Crew		0.500					
SCIENCE									
12/20/03	09	Physical Sci 1		0.500					
12/20/04	10	Astronomy		0.500					
10/30/05	11	Life Sci 1		0.250					
12/20/05	11	Human Physiology		0.250					

ACADEMIC STANDING		
As of:	Total Credits	GPA
	13.25	



U.S. Coast Guard Academy

PHYSICAL FITNESS SCORESHEET

INSTRUCTIONS



CORRECT MARKS



INCORRECT MARKS



1. Do NOT use felt tip, ballpoint or ink pens.
2. Completely blacken bubbles.
3. Make clean erasures.
4. Make no stray marks.

**DELIBERATE ENTRY OF A FALSE SCORE
IS AN HONOR OFFENSE**

I. INFORMATION SECTION

PLEASE PRINT

NAME _____
LAST NAME FIRST NAME M.I.

COMPANY _____ CLASS _____

SIGNATURE

SIGNATURE INDICATES TEST IS COMPLETE
AND SCORES ARE CORRECT

STATUS

CADET ☐OC ☐

CADET CODE

0	0	0	0	0
1	1	1	1	1
2	2	2	2	2
3	3	3	3	3
4	4	4	4	4
5	5	5	5	5
6	6	6	6	6
7	7	7	7	7
8	8	8	8	8
9	9	9	9	9

LAST NAME

A	A	A	A	A	A	A	A	A	A
B	B	B	B	B	B	B	B	B	B
C	C	C	C	C	C	C	C	C	C
D	D	D	D	D	D	D	D	D	D
E	E	E	E	E	E	E	E	E	E
F	F	F	F	F	F	F	F	F	F
G	G	G	G	G	G	G	G	G	G
H	H	H	H	H	H	H	H	H	H
I	I	I	I	I	I	I	I	I	I
J	J	J	J	J	J	J	J	J	J
K	K	K	K	K	K	K	K	K	K
L	L	L	L	L	L	L	L	L	L
M	M	M	M	M	M	M	M	M	M
N	N	N	N	N	N	N	N	N	N
O	O	O	O	O	O	O	O	O	O
P	P	P	P	P	P	P	P	P	P
Q	Q	Q	Q	Q	Q	Q	Q	Q	Q
R	R	R	R	R	R	R	R	R	R
S	S	S	S	S	S	S	S	S	S
T	T	T	T	T	T	T	T	T	T
U	U	U	U	U	U	U	U	U	U
V	V	V	V	V	V	V	V	V	V
W	W	W	W	W	W	W	W	W	W
X	X	X	X	X	X	X	X	X	X
Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
Z	Z	Z	Z	Z	Z	Z	Z	Z	Z

RECORDER

PRINT NAME

SIGNATURE

DATE

TEST TYPE

FIRST OFFICIAL ☐REMEDIAL I ☐REMEDIAL II ☐PARTIAL ☐

GENDER

MALE ☐FEMALE ☐INDOOR PFE ☐OUTDOOR PFE ☐

II. PERFORMANCE SECTION

1.) PUSH-UPS

NUMBER

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

2.) TWO MINUTE CURL-UPS

NUMBER

0	0	0
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9

3.) 1.5 MILE RUN

MIN.

SEC.

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

0	0
1	1
2	2
3	3
4	4
5	5
6	6
7	7
8	8
9	9

INDOOR RUN SPLITS

TO GO

0.5	<input type="checkbox"/>	13
1.5	<input type="checkbox"/>	12
2.5	<input type="checkbox"/>	11
3.5	<input type="checkbox"/>	10
4.5	<input type="checkbox"/>	9
5.5	<input type="checkbox"/>	8
6.5	<input type="checkbox"/>	7
7.5	<input type="checkbox"/>	6
8.5	<input type="checkbox"/>	5
9.5	<input type="checkbox"/>	4
10.5	<input type="checkbox"/>	3
11.5	<input type="checkbox"/>	2
12.5	<input type="checkbox"/>	1
13.5	<input type="checkbox"/>	

OUTDOOR RUN SPLITS

TO GO

1	<input type="checkbox"/>	6
2	<input type="checkbox"/>	5
3	<input type="checkbox"/>	4
4	<input type="checkbox"/>	3
5	<input type="checkbox"/>	2
6	<input type="checkbox"/>	1

DID NOT FINISH

COACH / TRAINER NAME

SIGNATURE

DATE

Record of Semi-Annual Weigh-In

DATE: _____

EMPLID: _____ NAME: _____ AGE: _____

BLOCK 1: All members, initial screening, no shoes

Height Round to nearest whole number	inches
MAX Allowable weight per BMI table	pounds
Weight Round to nearest whole number	pounds

- ✓ ODU w/ blouse – subtract 4.0 lbs.
- ✓ Tropical Blue or organizational clothing– subtract 3 lbs.
- ✓ T-shirt and trousers or sweatpants - subtract 2 lbs.
- ✓ T-shirt and gym shorts - subtract 1 lb.

HEIGHT	WEIGHT
58	131
59	136
60	141
61	145
62	150
63	155
64	160
65	165
66	170
67	175
68	180
69	186
70	191
71	197
72	202
73	208
74	214
75	220
76	225
77	231
78	237
79	244
80	250

BLOCK 2: Body fat determination (if needed)

AGE	MAXIMUM BODY FAT		Enter MAX body fat %
	MEN	WOMEN	
LESS THAN 30	22%	32%	
LESS THAN 40	24%	34%	
40 and above	26%	36%	
Enter Circumference Value as determined below			inches
Enter Body fat from CIM 1020.8H enclosure (2)			%

Compliant? Y N**Circumference Value determination:**

	Waist Round down to nearest half-inch. Measure over the bellybutton for males, smallest point for females.	+ Buttocks (females only, use 0 for males) Round down to nearest half-inch. Measure the widest point when viewed from side.	- Neck Round up to nearest half- inch, measure below larynx	= Total
Set 1		+	-	=
Set 2		+	-	=
Set 3		+	-	=

Compare the three totals. Is any difference greater than 1.0?

Set 1 total _____ - Set 2 total _____ = _____
 Set 2 total _____ - Set 3 total _____ = _____
 Set 3 total _____ - Set 1 total _____ = _____

} Are any of these differences greater than 1.0?

	No. All totals are within 1.0 inches of each other. Enter lowest total of the three sets as the Circumference Value for block 2.
	Yes. Complete an additional set of measurements and then calculate an average circumference value using only the three closest set totals. Set 4: Waist _____ + Buttocks (females) _____ - Neck _____ = Total _____ Add the three closest totals from sets 1-4 together then divide by three to find an average. Round the average down to the nearest 0.5: (_____ + _____ + _____) ÷ 3 = _____ circumference value to enter in block 2

I agree that the above measurements are accurate (print and sign):

Member: _____

Cmnd Cadre &/or Witness: _____

Witness &/or entered by: _____

Prescribed by: DoDI 1304.2

REPORT OF MEDICAL EXAMINATION				1. DATE OF EXAMINATION (YYYYMMDD)		2a. SOCIAL SECURITY NUMBER		2b. DoD ID NUMBER (If applicable)	
<p align="center">PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 U.S.C. 504, Persons not qualified; 10 U.S.C. 505, Regular components: qualifications, term, grade; 10 U.S.C. 507, Extension of enlistment for members needing medical care or hospitalization; 10 U.S.C. 532, Qualifications for original appointment as a commissioned officer; 10 U.S.C. 978, Drug and alcohol abuse and dependency; testing of new entrants; 10 U.S.C. 1201, Regulars and members on active duty for more than 30 days; retirement; 10 U.S.C. 1202, Regulars and members on active duty for more than 30 days; temporary disability retired list; 10 U.S.C. 4346, Cadets: requirements for admission; DoD Directive 1145.2, United States Military Entrance Processing Command; E.O. 9397 (SSN) and 10 U.S.C. 1204, Members on Active Duty for 30 Days or Less or on Inactive Duty Training: Retirement, as amended.</p> <p>PRINCIPAL PURPOSE(S): To obtain medical data for determination of medical fitness for enlistment, induction, appointment and retention for applicants and members of the Armed Forces. The information will also be used for medical boards and separation of Service members from the Armed Forces.</p> <p>ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcid.defense.gov/Privacy/GORNSIndex/DOD-wide-GORN-Article-View/Article/570661/a0601-270-usmepcom-dod/</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status.</p>									
3. LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)				4. HOME ADDRESS (Street, Apartment Number, City, State and Zip Code)		5a. HOME TELEPHONE NUMBER (Include Area Code)		5b. E-MAIL ADDRESS	
6. GRADE/RANK	7. DATE OF BIRTH (YYYYMMDD)	8. AGE	9a. BIRTH SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	9b. PREFERRED GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	10a. ETHNIC CATEGORY <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non Hispanic/Latino		10b. RACIAL CATEGORY (Select one) <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
11. TOTAL YEARS GOVERNMENT SERVICE a. MILITARY <input type="checkbox"/> b. CIVILIAN <input type="checkbox"/>			12. AGENCY (Non-Service Members Only)			13. ORGANIZATION UNIT AND UIC/CDU			
14a. RATING OR SPECIALTY (Aviators Only)			14b. TOTAL FLYING TIME			14c. LAST SIX MONTHS			
15a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marine Corps <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard		15b. COMPONENT <input type="checkbox"/> Active Duty <input type="checkbox"/> Reserve <input type="checkbox"/> National Guard		15c. PURPOSE OF EXAMINATION <input type="checkbox"/> Enlistment <input type="checkbox"/> Retirement <input type="checkbox"/> Commission <input type="checkbox"/> U.S. Service Academy <input type="checkbox"/> Retention <input type="checkbox"/> ROTC Scholarship Program <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Other			16. NAME OF EXAMINING LOCATION, AND ADDRESS (Include Zip Code)		
MEDICAL EVALUATION (Check each item in appropriate column. Enter "NE" if not evaluated.)						43. DENTAL DEFECTS AND DISEASE (Please explain. Use dental form if completed by dentist. If abnormality noted, explain in item 44.)			
						<input type="checkbox"/> Acceptable <input type="checkbox"/> Not Acceptable Class			
17. Head, face, neck and scalp						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
18. Nose						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
19. Sinuses						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
20. Mouth and throat						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
21. Ears - General (Int. and ext. canals/Auditory acuity under item 71)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
22. Tympanic Membranes (Perforation)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
23. Eyes - General						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
24. Ophthalmoscopic						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
25. Pupils (Equality and reaction)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
26. Ocular motility (Associated parallel movements, nystagmus)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
27. Heart (Thrust, size, rhythm, sounds)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
28. Lungs and chest (Include breasts)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
29. Vascular system (Varicose veins, etc.)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
30. Anus and rectum (Hemorrhoids, Fistulae) (Prostate if indicated)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
31. Abdomen and viscera (Include hernia)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
32. External genitalia (Genitourinary)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
33. Upper extremities						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
34. Lower extremities (Except feet)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
35. Feet (Check category)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
35a. <input type="checkbox"/> Normal Arch <input type="checkbox"/> Pes Planus <input type="checkbox"/> Pes Cavus									
35b. <input type="checkbox"/> Mild <input type="checkbox"/> Moderate <input type="checkbox"/> Severe									
35c. <input type="checkbox"/> Asymptomatic <input type="checkbox"/> Symptomatic <input type="checkbox"/> Rigid									
36. Spine, other musculoskeletal						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
37. Body marks, scars, tattoos						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
38. Skin, lymphatics						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
39. Neurologic						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
40. Psychiatric (Specify any personality disorder)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
41. Pelvic (Females only)						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
42. Endocrine						<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> NE			
44. NOTES: (Mandatory comment for every abnormality identified in items 17 - 43. Enter pertinent item number before each comment. Continue comments or use drawings in item 59 and use additional sheets if necessary.)									

DD FORM 2808, July 2019

Page 1 of 4

Enclosure (7)

Prescribed by: DoDI 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)										SOCIAL SECURITY NUMBER					DoD ID NUMBER																								
LABORATORY FINDINGS																																							
45. URINALYSIS					a. Albumin					b. Sugar					46. URINE HCG					47. H/H					48. BLOOD TYPE														
TESTS					RESULTS										HIV SPECIMEN ID LABEL					DRUG TEST SPECIMEN ID LABEL																			
49. HIV																																							
50. DRUGS																																							
51. ALCOHOL																																							
52. OTHER																																							
a. PAP SMEAR																																							
b. EKG																																							
c. CXR																																							
MEASUREMENTS AND OTHER FINDINGS																																							
53. HEIGHT (In.)					54. WEIGHT (lbs.)					55a. MIN WGT					55b. MAX WGT					55c. MAX BF %					55d. BMI					56. TEMPERATURE					57. HEART RATE				
58. BLOOD PRESSURE										59. RED/GREEN										60. OTHER VISION TEST																			
a. 1ST					b. 2ND					c. 3RD																													
SYS.					SYS.					SYS.																													
DIAS.					DIAS.					DIAS.																													
61. DISTANCE VISION										62. REFRACTION <input type="checkbox"/> AUTO <input type="checkbox"/> MANIFEST <input type="checkbox"/> CYCLO										63. NEAR VISION																			
Right Uncorr. 20/					Corr. to 20/					Sph:					Cyl:					Axis:					Right Uncorr. 20/					Corr. to 20/					Add:				
Left Uncorr. 20/					Corr. to 20/					Sph:					Cyl:					Axis:					Left Uncorr. 20/					Corr. to 20/					Add:				
64. HETEROPHORIA																																							
EO					EX					R.H.					L.H.					Prism div.					Prism Conv CT					NPR					PD				
65. ACCOMMODATION										66. COLOR VISION (Pass/Fail and Score)										67. DEPTH PERCEPTION (Pass/Fail and Score)																			
Right					Left					PIP					RED/GREEN					Color Dx					AFVT					RANDOT/MCST									
68. FIELD OF VISION										69. NIGHT VISION										70. INTRAOCULAR PRESSURE																			
																				O.D.					O.S.														
71a. AUDIOMETER Unit Serial Number										71b. Unit Serial Number										72a. READING ALOUD TEST: <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT																			
Date Calibrated (YYYYMMDD)										Date Calibrated (YYYYMMDD)										72b. VALSALVA: <input type="checkbox"/> SAT <input type="checkbox"/> UNSAT																			
HZ		500	1000	2000	3000	4000	6000	HZ		500	1000	2000	3000	4000	6000	72c. OTHER TESTING																							
Left								Left																															
Right								Right																															
73. NOTES AND/OR INTERVAL HISTORY																																							

Prescribed by: DoDI 1304.2

LAST NAME - FIRST NAME - MIDDLE NAME (Suffix)					SOCIAL SECURITY NUMBER			DoD ID NUMBER		
74. EXAMINEE					75. I have been advised of my disqualifying condition(s).					
<input type="checkbox"/> IS MEDICALLY QUALIFIED <input type="checkbox"/> IS NOT MEDICALLY QUALIFIED					75a. SIGNATURE OF EXAMINEE			75b. DATE (YYYYMMDD)		
76. PHYSICAL PROFILE										
P	U	L	H	E	S	X	D	PROFILER INITIALS	DATE (YYYYMMDD)	
77. SIGNIFICANT OR DISQUALIFYING MEDICAL DIAGNOSES										
ITEM NO.	MEDICAL DIAGNOSIS	ICD CODE	PROFILE SERIAL	RBJ DATE (YYYYMMDD)	QUALIFIED	DISQUALIFIED	EXAMINER INITIALS	WAIVER RECEIVED		
								SERVICE	DATE (YYYYMMDD)	
78. SUMMARY OF MEDICAL DIAGNOSES (List diagnoses with item numbers) (Use additional sheets if necessary).										
79. RECOMMENDATIONS (Specify) (Use additional sheets if necessary).										
80. MEPS WORKLOAD (For MEPS use only)										
WKID	ST	DATE (YYYYMMDD)	INITIALS		WKID	ST	DATE (YYYYMMDD)	INITIALS		
81. MEDICAL INSPECTION DATE		HT	WT	%BF	MAX WT	HCG	QUAL	DISQ	EXAMINER'S NAME AND SIGNATURE	
82a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						82b. Signature				
83a. TYPED OR PRINTED NAME OF PHYSICIAN OR EXAMINER						83b. Signature				
84a. TYPED OR PRINTED NAME OF DENTIST OR PHYSICIAN (Indicate which)						84b. Signature				
85a. TYPED OR PRINTED NAME OF REVIEWING OFFICER/APPROVING AUTHORITY (Indicate which)						85b. Signature				
86. This examination has been administratively reviewed for completeness and accuracy.										
a. SIGNATURE				b. GRADE				c. DATE (YYYYMMDD)		
87. WAIVER GRANTED (if yes, date and by whom)				YES <input type="checkbox"/>		NO <input type="checkbox"/>		88. NUMBER OF ATTACHED SHEETS		

Prescribed by: DoDI 1304.2

88. ADDITIONAL REMARKS

CUI (when filled in)

REPORT OF MEDICAL HISTORY				OMB No. 0704-0413 OMB approval expires 20241031	
(This information is for official and medically confidential use only and will not be released to unauthorized persons.)					
<p>The public reporting burden for this collection of information is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or burden reduction suggestions to the Department of Defense, Washington Headquarters Services, Directorate for Information Operations and Reports, 1215 Jefferson Davis Highway, Suite 1204, Arlington, VA 22202-4302, and to the Office of Management and Budget, Paperwork Project Director (0704-0187), Washington, DC 20503. Respondents should be aware that notwithstanding any other provision of law, no person shall be subject to any penalty for failing to comply with a collection of information if it does not display a currently valid OMB control number. PLEASE DO NOT RETURN YOUR FORM TO THE ABOVE ORGANIZATION. RETURN COMPLETED FORM AS INDICATED ON PAGE 2.</p>					
<p>PRIVACY ACT STATEMENT</p> <p>AUTHORITY: 10 U.S.C. 136, Under Secretary of Defense For Personnel and Readiness; DoD Directive 1145.2, United States Military Entrance Processing Command; DoD Instruction 6130.03, Medical Standards for Appointment, Enlistment, or Induction in the Military Services; and E.O. 9397 (SSN), as amended.</p> <p>PRINCIPAL PURPOSE(S): The primary collection of this information is from individuals seeking to join the Armed Forces. The information collected on this form is used to assist DoD physicians in making determinations as to acceptability of applicants for military service and verifies disqualifying medical condition(s) noted on the prescreening form (DD 2807-2). An additional collection of information using this form occurs when a Medical Evaluation Board is convened to determine the medical fitness of a current member and if separation is warranted.</p> <p>ROUTINE USE(S): The Routine Uses are listed in the applicable system of records notice found at: http://dpcid.defense.gov/Privacy/SORNs/index/DOO-wide-SORN-Article-View/Article/570561/a0601-270-usmepcom-dod/</p> <p>DISCLOSURE: Voluntary; however, failure by an applicant to provide the information may result in delay or possible rejection of the individual's application to enter the Armed Forces. An applicant's SSN is used during the recruitment process to keep all records together and when requesting civilian medical records. For an Armed Forces member, failure to provide the information may result in the individual being placed in a non-deployable status. The SSN of an Armed Forces member is to ensure the collected information is filed in the proper individual's record.</p> <p>WARNING: The information you have given constitutes an official statement. Federal law provides severe penalties (up to 5 years confinement or a \$10,000 fine or both), to anyone making a false statement.</p>					
1. LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)		2a. SOCIAL SECURITY NO.		b. DoD ID NO. (If applicable)	
4.a. HOME ADDRESS (Street, Apartment No., City, State, and ZIP Code)		5. EXAMINING LOCATION AND ADDRESS (Include Zip Code)			
b. HOME TELEPHONE (Include Area Code)					
c. EMAIL ADDRESS					
X ALL APPLICABLE BOXES:				7.a. POSITION (Title, Grade, Component)	
6.a. SERVICE <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Navy <input type="checkbox"/> <input type="checkbox"/> Marine Corps <input type="checkbox"/> <input type="checkbox"/> Air Force		b. COMPONENT <input type="checkbox"/> Regular <input type="checkbox"/> <input type="checkbox"/> Reserve <input type="checkbox"/> <input type="checkbox"/> National Guard		c. PURPOSE OF EXAMINATION <input type="checkbox"/> Retention <input type="checkbox"/> Other (Specify) <input type="checkbox"/> Separation <input type="checkbox"/> Medical Board <input type="checkbox"/> Retirement	
8. CURRENT MEDICATIONS (Prescription and Over-the-Counter)		9. ALLERGIES (Including insect bites/stings, foods, medicine, or other substance)			
<p>Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 on Page 2.</p>					
HAVE YOU EVER HAD OR DO YOU NOW HAVE:		YES NO		12. (Continued)	
10.a. Tuberculosis		<input type="radio"/> YES <input type="radio"/> NO		f. Foot trouble (e.g., pain, corns, bunions, etc.)	
b. Lived with someone who had tuberculosis		<input type="radio"/> YES <input type="radio"/> NO		g. Impaired use of arms, legs, hands, or feet	
c. Coughed up blood		<input type="radio"/> YES <input type="radio"/> NO		h. Swollen or painful joint(s)	
d. Asthma or any breathing problems related to exercise, weather, pollens, etc.		<input type="radio"/> YES <input type="radio"/> NO		i. Knee trouble (e.g., locking, giving out, pain or ligament injury, etc.)	
e. Shortness of breath		<input type="radio"/> YES <input type="radio"/> NO		j. Any knee or foot surgery including arthroscopy or the use of a scope to any bone or joint	
f. Bronchitis		<input type="radio"/> YES <input type="radio"/> NO		k. Any need to use corrective devices such as prosthetic devices, knee brace(s), back support(s), lifts, or orthotics, etc.	
g. Wheezing or problems with wheezing		<input type="radio"/> YES <input type="radio"/> NO		l. Bone, joint, or other deformity	
h. Been prescribed or used an inhaler		<input type="radio"/> YES <input type="radio"/> NO		m. Plate(s), screw(s), rod(s), or pin(s) in any bone	
i. A chronic cough or cough at night		<input type="radio"/> YES <input type="radio"/> NO		n. Broken bone(s) (cracked or fractured)	
j. Sinusitis		<input type="radio"/> YES <input type="radio"/> NO		13.a. Frequent indigestion or heartburn	
k. Hay fever		<input type="radio"/> YES <input type="radio"/> NO		b. Stomach, liver, intestinal trouble, or ulcer	
l. Chronic or frequent colds		<input type="radio"/> YES <input type="radio"/> NO		c. Gall bladder trouble or gallstones	
11.a. Severe tooth or gum trouble		<input type="radio"/> YES <input type="radio"/> NO		d. Jaundice or hepatitis (liver disease)	
b. Thyroid trouble or goiter		<input type="radio"/> YES <input type="radio"/> NO		e. Rupture/hemorrhage	
c. Eye disorder or trouble		<input type="radio"/> YES <input type="radio"/> NO		f. Rectal disease, hemorrhoids, or blood from the rectum	
d. Ear, nose, or throat trouble		<input type="radio"/> YES <input type="radio"/> NO		g. Skin diseases (e.g. acne, eczema, psoriasis, etc.)	
e. Loss of vision in either eye		<input type="radio"/> YES <input type="radio"/> NO		h. Frequent or painful urination	
f. Worn contact lenses or glasses		<input type="radio"/> YES <input type="radio"/> NO		i. High or low blood sugar	
g. A hearing loss or wear a hearing aid		<input type="radio"/> YES <input type="radio"/> NO		j. Kidney stone or blood in urine	
h. Surgery to correct vision (RK, PRK, LASIK, etc.)		<input type="radio"/> YES <input type="radio"/> NO		k. Sugar or protein in urine	
12.a. Painful shoulder, elbow or wrist (e.g. pain, dislocation, etc.)		<input type="radio"/> YES <input type="radio"/> NO		l. Sexually transmitted disease (syphilis, gonorrhea, chlamydia, genital warts, herpes, etc.)	
b. Arthritis, rheumatism, or bursitis		<input type="radio"/> YES <input type="radio"/> NO		14.a. Adverse reaction to serum, food, insect stings, or medicine	
c. Recurrent back pain or any back problem		<input type="radio"/> YES <input type="radio"/> NO		b. Recent unexplained gain or loss of weight	
d. Numbness or tingling		<input type="radio"/> YES <input type="radio"/> NO		c. Currently in good health (if no, explain in Item 29 on Page 2.)	
e. Loss of finger or toe		<input type="radio"/> YES <input type="radio"/> NO		d. Tumor, growth, cyst, or cancer	

DD FORM 2807-1, OCT 2018
PREVIOUS EDITION IS OBSOLETE.

CUI (when filled in)

 Controlled by: OUSD(P&R)
 CUI Category: PRIVCY, HLTH
 LDC: FEDCON
 POC: ocd.pentagon.ousd-pr.mbx.forms@mail.mil

Page 1 of 3

ENCLOSURE (8)


CUI (when filled in)

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (If applicable)
Mark each item "YES" or "NO". Every item marked "YES" must be fully explained in Item 29 below.		

HAVE YOU EVER HAD OR DO YOU NOW HAVE:	YES	NO		YES	NO
15.a. Dizziness or fainting spells	<input type="radio"/>	<input type="radio"/>	19. Have you been refused employment, or been unable to hold a job or stay in school because of:		
b. Frequent or severe headache	<input type="radio"/>	<input type="radio"/>	a. Sensitivity to chemicals, dust, sunlight, etc.	<input type="radio"/>	<input type="radio"/>
c. A head injury, memory loss or amnesia	<input type="radio"/>	<input type="radio"/>	b. Inability to perform certain motions	<input type="radio"/>	<input type="radio"/>
d. Paralysis	<input type="radio"/>	<input type="radio"/>	c. Inability to stand, sit, kneel, lie down, etc.	<input type="radio"/>	<input type="radio"/>
e. Seizures, convulsions, epilepsy, or fits	<input type="radio"/>	<input type="radio"/>	d. Other medical reasons (If yes, give reasons.)	<input type="radio"/>	<input type="radio"/>
f. Car, train, sea, or air sickness	<input type="radio"/>	<input type="radio"/>	20. Have you ever been treated in an Emergency Room? (If yes, for what?)	<input type="radio"/>	<input type="radio"/>
g. A period of unconsciousness or concussion	<input type="radio"/>	<input type="radio"/>	21. Have you ever been a patient in any type of hospital? (If yes, specify when, where, why, and name of doctor and complete address of hospital.)	<input type="radio"/>	<input type="radio"/>
h. Meningitis, encephalitis, or other neurological problems	<input type="radio"/>	<input type="radio"/>	22. Have you ever had, or have you been advised to have any operations or surgery? (If yes, describe and give age at which occurred.)	<input type="radio"/>	<input type="radio"/>
16.a. Rheumatic fever	<input type="radio"/>	<input type="radio"/>	23. Have you ever had any illness or injury other than those already noted? (If yes, specify when, where, and give details.)	<input type="radio"/>	<input type="radio"/>
b. Prolonged bleeding (as after an injury or tooth extraction, etc.)	<input type="radio"/>	<input type="radio"/>	24. Have you consulted or been treated by clinics, physicians, healers, or other practitioners within the past 5 years for other than minor illnesses? (If yes, give complete address of doctor, hospital, clinic, and details.)	<input type="radio"/>	<input type="radio"/>
c. Pain or pressure in the chest	<input type="radio"/>	<input type="radio"/>	25. Have you ever been rejected for military service for any reason? (If yes, give date and reason for rejection.)	<input type="radio"/>	<input type="radio"/>
d. Palpitation, pounding heart or abnormal heartbeat	<input type="radio"/>	<input type="radio"/>	26. Have you ever been discharged from military service for any reason? (If yes, give date, reason, and type of discharge; whether honorable, other than honorable, for unfitness or unsuitability.)	<input type="radio"/>	<input type="radio"/>
e. Heart trouble or murmur	<input type="radio"/>	<input type="radio"/>	27. Have you ever received, is there pending, or have you ever applied for pension or compensation for any disability or injury? (If yes, specify what kind, granted by whom, and what amount, when, why.)	<input type="radio"/>	<input type="radio"/>
f. High or low blood pressure	<input type="radio"/>	<input type="radio"/>	28. Have you ever been denied life insurance?	<input type="radio"/>	<input type="radio"/>
17.a. Nervous trouble of any sort (anxiety or panic attacks)	<input type="radio"/>	<input type="radio"/>	29. EXPLANATION OF "YES" ANSWER(S) (Describe answer(s), give date(s) of problem, name of doctor(s) and/or hospital(s), treatment given and current medical status.)		
b. Habitual stammering or stuttering	<input type="radio"/>	<input type="radio"/>			
c. Loss of memory or amnesia, or neurological symptoms	<input type="radio"/>	<input type="radio"/>			
d. Frequent trouble sleeping	<input type="radio"/>	<input type="radio"/>			
e. Received counseling of any type	<input type="radio"/>	<input type="radio"/>			
f. Depression or excessive worry	<input type="radio"/>	<input type="radio"/>			
g. Been evaluated or treated for a mental condition	<input type="radio"/>	<input type="radio"/>			
h. Attempted suicide	<input type="radio"/>	<input type="radio"/>			
i. Used illegal drugs or abused prescription drugs	<input type="radio"/>	<input type="radio"/>			
18. FEMALES ONLY. Have you ever had or do you now have:	<input type="radio"/>	<input type="radio"/>			
a. Treatment for a gynecological (female) disorder	<input type="radio"/>	<input type="radio"/>			
b. A change of menstrual pattern	<input type="radio"/>	<input type="radio"/>			
c. Any abnormal PAP smears	<input type="radio"/>	<input type="radio"/>			
d. First day of last menstrual period (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			
e. Date of last PAP smear (YYYYMMDD)	<input type="radio"/>	<input type="radio"/>			

NOTE: HAND TO THE DOCTOR OR NUSE, OR IF MAILED MARK ENVELOPE "TO BE OPENED BY MEDICAL PERSONNEL ONLY."

CUI (when filled in)

LAST NAME, FIRST NAME, MIDDLE NAME (SUFFIX)	SOCIAL SECURITY NUMBER	DoD ID NUMBER (if applicable)
30. EXAMINER'S SUMMARY AND ELABORATION OF ALL PERTINENT DATA <i>(Physician/practitioner shall comment on all positive answers in questions 10 - 29. Physician/practitioner may develop by interview any additional medical history deemed important, and record any significant findings here.)</i>		
a. COMMENTS <div style="background-color: #e6f2ff; height: 720px; border: 1px solid black;"></div>		
b. TYPED OR PRINTED NAME OF EXAMINER (Last, First, Middle Initial)	c. SIGNATURE 	d. DATE SIGNED (YYYYMMDD)

Updated: August 2022

Readmitted Cadet Check In Sheet

Cadet Name: _____

Company: _____

<p>PHASE I (To be completed within 48 hours of arrival)</p>	<p>Date/Initials:</p> <p>_____/_____ Make an appointment with cadet admin to obtain a new CAC card</p> <p>_____/_____ Check in with the IT department to establish internet and email access</p> <p>_____/_____ Provide hard copy of medical record to the CGA Clinic</p> <p>_____/_____ Make an appointment with the clinic for a physical exam</p> <p>_____/_____ Check in with Company Officer</p> <p>_____/_____ Check in with Company Chief</p>
<p>PHASE II (To be completed within 72 hours of arrival)</p>	<p>Date/Initials:</p> <p>_____/_____ Complete urinalysis screening with Cadet Admin</p> <p>_____/_____ Complete weigh-in with Cadet Admin</p> <p>_____/_____ Check in with the Assistant Commandant of Cadets</p> <p>_____/_____ Check in with the cadet mailroom to be assigned a new mailbox</p> <p>_____/_____ File travel claim via E2/ETS</p>
<p>PHASE III (To be completed within 1 week of arrival)</p>	<p>Date/Initials:</p> <p>_____/_____ Meet with Academic Advisor, Draft Plan of Study</p> <p>_____/_____ Check in with Coach (if applicable)</p> <p>_____/_____ Check in with the uniform shop, tailor shop, and bookstore to ensure your seabag is IAW your new class</p> <p>_____/_____ Submit paperwork to CGPD for POV approval and parking pass (if applicable)</p> <p>_____/_____ Finish moving in, prepare for a room inspection</p>
<p>PHASE IV (To be completed within two weeks of arrival)</p>	<p>Date/Initials:</p> <p>_____/_____ Complete physical exam</p> <p>_____/_____ Complete PFE</p>

Notes:

If you are unable to meet the deadlines prescribed in this checklist, inform your Company Officer and/or Chief as early as possible.

File completed checklist in your cadet record.